

## DO/ EO WORKSHEET

Paralegal/National Stage Division

U.S. Appl. No. 10/522686International Appl. No. JPO 3/09807Application filed by :  20 months  30 months

## WIPO PUBLICATION INFORMATION :

Publication No.: WO /

Publication Language :  English  German  Japanese  Chinese  Korean  
 French  Spanish  Russian  Other : \_\_\_\_\_

Publication Date : \_\_\_\_\_

Not Published :  U.S. only designated  EP requestPublished :  EP request

## INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE :

- International Application (RECORD COPY)  
 Article 19 Amendments  
 PCT/IPEA/409 IPER :  EP  JP  SE  AU  
 US  FR  CN  ES  RU  AT  KR  \_\_\_\_\_  
 Annexes to 409  
 Priority Document (s) No. \_\_\_\_\_

- PCT/IB/331  
 Request form PCT/RO/101  
 PCT/ISA/210 - Search Report :  EP  JP  SE  AU  
 US  FR  CN  ES  RU  AT  KR  \_\_\_\_\_  
 Search Report References  
 Other : \_\_\_\_\_

## RECEIPTS FROM THE APPLICANT (other than checked above) :

- Basic National Fee (or authorization to charge)  
 Description  Claims  Abstract  
 Drawing Figure(s) - (# of drwgs. 2)  
 Translation of Article 19 Amendments  
 entered  not entered :  
 not a page for page substitution  
 replaced by Article 34 Amendment  
 Annexes to 409  
 entered  not entered :  
 not a page for page substitution  
 other : \_\_\_\_\_  
 Application Data Sheet  
 Power of Attorney/ Change of Address

- Preliminary Amendment(s) Filed on :  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 Information Disclosure Statement(s) Filed on :  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 Assignment Document (forwarded to Assignment Branch)  
 Assignee PG Publication Notice  
 Substitute Specification Filed on :  
1. \_\_\_\_\_ 2. \_\_\_\_\_  
 Verified Small Status Statement  
 Oath/ Declaration (executed)  
 DNA Diskette  Sequence Listing  
 Other : \_\_\_\_\_

NOTES :  I.A. used as Specification  Other : \_\_\_\_\_

35 U.S.C. 371 - Receipt of Request (PTO-1390)

31 JAN 05

Date Acceptable Oath/ Declaration Received.

12 April 05

Date of Completion of requirements under 35 U.S.C. 371

Date of Completion of ALL requirements (no EP requested)

Date of Completion of DO/ EO 903 - Notification of Acceptance

Date of Completion of DO/ EO 905 - Notification of Missing Requirements

Date of Completion of DO/ EO 909 - Notification of Abandonment

Date of Completion of DO/ EO 916 - Notification of Defective Response

Date of Completion of DO/ EO 922

Date of Completion of DO/ EO 923

BEST AVAILABLE COPY

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>7-21-05</u>		2 Serial/Patent # <u>10/522686</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing		<u>1</u>	<u>1-31-05</u>	\$ <u>100</u>
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input type="checkbox"/> Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>100</u>	
		8 TO BE REFUNDED BY:		
<input type="checkbox"/> Overpayment		Treasury Check		
<input type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #:		
<input type="checkbox"/> No Fee Due (Explanation):		<u>9</u> <u>50--0481</u>		
10 REASON:				
<input checked="" type="checkbox"/> Overpayment				
<input type="checkbox"/> Duplicate Payment				
<input type="checkbox"/> No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>passenger</u>		
SIGNATURE: <u>A Johnson</u>		PHONE: <u>308-9140</u>		
OFFICE: *****				
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B